

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90087 011 ****61.25

DOCUMENT # 811022

1. Entity Name
ORLEANS CHATEAU AND VILLAS INC.

Principal Place of Business Mailing Address
C O CHERYL J. LEVIN. ESO **C O CHERYL J. LEVIN. ESO**
10226 N.W. 47 STREET **10226 N.W. 47 STREET**
SUNRISE FL 33351 **SUNRISE FL 33351**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0790085** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

LEVIN, CHERYL J ESO,PA
COURTYARD BUSINESS CENTER
10266 N.W. 47 STREET
SUNRISE FL 33351

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, R.M. JR. 2000 S. OCEAN LANE FT. LAUDERDALE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINI GILLETTE 2000 S. Ocean Lane FT LAUDERDALE, FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGUISE, JEAN 2000 S. OCEAN LANE FORT LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMMERICH, T. H 2000 S. OCEAN LANE FORT LAUDERDALE FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENISTEN, GARY D 2000 S OCEAN LANE FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TODD H WEAVER 2000 S OCEAN LN FT LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PATRICIA MONTALBANO 2000 S. Ocean Lane Ft LAUDERDALE, FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONTALBANO, THOMAS 2000 S. OCEAN LANE FORT LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARION G. Wells 2000 S. Ocean Lane Ft lauderdale, Fl. 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter G. Wells Secretary-Director 7/10/00 954-524 6123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment

3010990

DOCUMENT # 811022

1. Entity Name

ORLEANS CHATEAU AND VILLAS INC.

Principal Place of Business

C O CHERYL J. LEVIN, ESQ
10226 N.W. 47 STREET
SUNRISE FL 33351

Mailing Address

C O CHERYL J. LEVIN, ESQ
10226 N.W. 47 STREET
SUNRISE FL 33351-7970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0790085

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LEVIN, CHERYL J ESQ, PA
COURTYARD BUSINESS CENTER
10266 N.W. 47 STREET
SUNRISE FL 33351

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, R.M. JR	
STREET ADDRESS	2000 S. OCEAN LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEGUISE, JEAN	
STREET ADDRESS	2000 S. OCEAN LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EMMERICH, T. H	
STREET ADDRESS	2000 S. OCEAN LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PENISTEN, GARY D	
STREET ADDRESS	2000 S OCEAN LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	TODD H WEAVER	
STREET ADDRESS	2000 S OCEAN LN	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MONTALBAND, THOMAS	
STREET ADDRESS	2000 S. OCEAN LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.D.	<input checked="" type="checkbox"/> Change
NAME	MIMI GILLETTE	
STREET ADDRESS	2000 S. OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	PATRICIA MONTALBOND	
STREET ADDRESS	2000 S. OCEAN DR.	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	MARION G WELLS	
STREET ADDRESS	2000 S. OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

G.D. Penisten Treasurer / Director

3-17-00

954-524-61

Date

Division Phone #

Attachment B010990
811022

**ORLEANS CHATEAU AND VILLAS, INC.
CORPORATION ACCOUNT**

7175

2000 S. OCEAN LANE
FORT LAUDERDALE, FL 33316

DATE 3-17-00 \$

63-27/631 FL
805

PAY
TO THE
ORDER OF

Dept of State

\$

Sixty one and

25
100

DOLLARS



NationsBank

NationsBank, N.A.

ACH R/T 063100277

FOR

811022

J.D. Penister

⑈007175⑈ ⑆063100277⑆ 002235212020⑈